

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**1310 Prairie Street, Suite 800, Houston, Texas 77002**  
**832 927-7926 telephone; <http://rwpchouston.org>**

**MEMORANDUM**

To: Steering Committee Members:  
Josh Mica, he/him/él, Chair  
Ryan Rose, Vice Chair  
Bill Patterson, Secretary  
Skeet Boyle, Co-Chair, Affected Community Committee  
Carol Suazo, Co-Chair, Affected Community Committee  
Robert Sliepka, Co-Chair, Comprehensive HIV Planning Committee  
Steven Vargas, Co-Chair, Comprehensive HIV Planning Committee  
Caleb Brown, Co-Chair, Operations Committee  
Cecilia Ligons, Co-Chair, Operations Committee  
Jay Bhowmick, Co-Chair, Priority and Allocations Committee  
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee  
Yvonne Arizpe, Co-Chair, Quality Improvement Committee  
Tana Pradia, Co-Chair, Quality Improvement Committee

Copy: Glenn Urbach  
Eric James  
Francisco Ruiz  
Tiffany Shepherd

Jason Black  
**EMAIL ONLY:**  
Sha'Terra Johnson  
David Williams

From: Richon Ohafia

Date: Monday April 21, 2025

Re: Meeting Announcement

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We look forward to seeing you for the following meeting:

**Ryan White Steering Committee Meeting**  
12 noon, Thursday, May 1, 2025

**Join the Zoom meeting by clicking on:**

<https://us02web.zoom.us/j/85782189192?pwd=YmtcrktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192      Passcode: 885832

Or, use your phone to dial in by calling 346 248-7799

**In-Person:** Please join us at Bering Church, 1440 Harold St., Houston, Texas 77006  
Please park and enter from behind the building on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend the following meeting, and let her know if you prefer to participate virtually or in person. Rod can be reached by telephone at: 832 927-7926 or by email at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov). Thank you!

**Revised: 4/24/25**  
**HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL**  
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**STEERING COMMITTEE**

**AGENDA**

12 noon, Thursday, May 1, 2024

In Person Meeting Location: 1440 Harold Street, Houston, Texas 77006

*Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.*

Join Zoom Meeting by clicking onto:

<https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192

Passcode: 885832

Or, dial in by calling 346 248-7799

- I. Call to Order  
A. Welcoming Remarks  
B. Moment of Reflection  
C. Select the Committee Co-Chair who will be voting today  
D. Adoption of the Agenda  
E. Adoption of the Minutes  

Josh Mica, he/him/él, Chair  
RW\* Planning Council
- II. Public Comment and Announcements  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)
- III. Reports from Committees
  - A. Comprehensive HIV Planning Committee  
*Item:* 2025 Houston HIV Needs Assessment  
*Recommended Action:* FYI: We had a meeting called for a preliminary review of the needs identified in the 2025 needs assessment – Amber assured us the needs assessment will be ready for full review by mid-May.  

Steven Vargas and  
Robert Sliepka, Co-chairs,
  - B. Affected Community Committee  
*Item:* Community Tabling  
*Recommended Action:* FYI: Committee members provided educational information to youth who are transitioning to adult care. Many thanks to Isis, Marvin, Ryan, Skeet, Johnny, and Ronnie for covering this event and providing information on the Blue Book, Project LEAP and Proyecto VIDA  

Skeet Boyle and  
Carol Suazo, Co-chairs

- C. Quality Improvement Committee  
 Because of the How To Best Meet the Need process, most Ryan White Committees did not meet in April so that Council and Affiliate Committee members could participate in the workgroups. Many thanks to those who participated and provided input into the FY 2026 Ryan White service categories. The results of your work will be presented to the Council next month.
- Tana Pradia and  
 Yvonne Arizpe, Co-Chairs
- D. Priority and Allocations Committee  
*Item:* Reports from the Administrative Agent – Part A/MAI\*\*  
*Recommended Action:* FYI: See attached reports from the Part A/MAI\* Administrative Agent:
- FY24 Procurement Part A & MAI\*\*, dated 04/25/25
  - FY24 Service Utilization Part A & MAI\*\*, dated 04/25/25
- Item:* Reports from Administrative Agent – Part B/SS\*\*\*  
*Recommended Action:* FYI: See the attached reports from the Part B/SS\*\*\* Administrative Agent:
- FY24-25 Procurement Part B, dated 04/03/25
  - FY24-25 Procurement SS\*\*\*, dated 04/03/25
- Item:* Request for Service Category Increase Form  
*Recommended Action:* **Motion:** Approve the form entitled: *Request for Service Category Increase* to include a definition for “Disbursements”. The definition is: reimbursement for actual costs (vs. unit costs). Examples are: medication, diagnostic procedures, food and utilities. The RW Part A/MAI\* and RW Part B/SS\* administrative agencies are asked to use this form to notify agencies when unobligated or unspent funds are available. The RW Part B/SS\* administrative agency is asked to adjust the form to identify their organization and to start using it in the next funding cycle.
- Item:* Proposed FY26 Budget Cuts  
*Recommended Action:* FYI: Preliminary reports and Health and Human Services Federal Budget for FY 26 show a complete elimination of all Ending the HIV Epidemic Funds and Minority AIDS Initiative Funds, see attached for additional context and insights
- E. Operations Committee  
*Item:* By-laws  
*Recommended Action:* **Motion:** Approve the By-laws attached, modifications are highlighted in yellow
- Item:* Policy 500.01  
*Recommended Action:* **Motion:** Approve policy 500.01 attached
- Cecilia Ligons and  
 Caleb Brown, Co-chairs

- |      |   |  |
|------|---|--|
| V.   | Report from the Office of Support           | Richon Ohafia, she/her/hers,<br>Director           |
| VI.  | Report from Ryan White Grant Administration | Glenn Urbach, he/him/his,<br>Manager               |
| VII. | Report from The Resource Group              | Sha'Terra Johnson, she/her/hers,<br>Health Planner |
| IX.  | Announcements                               |  |
| X.   | Adjournment                                 |  |

\* *RW = Ryan White*

\*\**MAI = Minority AIDS Initiative funding*

\*\*\* *SS = State Services funding*

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL

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## STEERING COMMITTEE

### MINUTES

12 noon, Thursday, April 3, 2025

Meeting Location: Bering Church 1440 Harold Street; Houston, TX and Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Josh Mica, he/him/él, Chair	Peta-gay Ledbetter, excused	<i>Ryan White Grant Administration</i>
Ryan Rose, Vice Chair		Eric James
Bill Patterson, Secretary		James Supak
Skeet Boyle		Jason Black
Carol Suazo		
Robert Sliepka		<i>The Resource Group</i>
Steven Vargas		Sha'Terra Johnson
Cecilia Ligons		
Caleb Brown		<i>Office of Support</i>
Jay Bhowmick		Richon Ohafia
Yvonne Arizpe		Diane Beck
Tana Pradia		

**Call to Order:** Josh Mica, he/him/él, Chair, called the meeting to order at 12:02 p.m.

During the opening remarks, Mica said that the Council will be participating in the Texas Children's Hospital Summit at the end of April. Mica then called for a Moment of Reflection.

Those selected to represent their committee at today's meeting are: Suazo for Affected Community, Vargas for Comprehensive HIV Planning, Brown for Operations, Bhowmick for Priority and Allocations and Arizpe for Quality Improvement.

**Adoption of the Agenda:** **Motion #1:** *it was moved and seconded (Boyle, Rose) to adopt the agenda.*  
**Motion carried.**

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Sliepka, Patterson) to approve the March 6, 2025 minutes.* **Motion carried.** Abstentions: Boyle.

**Public Comment and Announcements:** None.

### Reports from Committees

**Comprehensive HIV Planning Committee:** Robert Sliepka, Co-Chair, reported on the following:

We want to take a moment to highlight the excellent work of our new Health Planner, Amber. Her thoroughness and attention to detail in reviewing the needs assessment data have been invaluable. While we are still in the process of compiling the document, it is not yet ready for full review. However, as Amber completes each section, we will release them to the committee for review. All members are

invited to participate in the April 10th Comprehensive HIV Planning Committee meeting at 10am to conduct a thorough review of the documents.

**Affected Community Committee:** Skeet Boyle, Co-Chair, reported on the following:

The new director opened up the meeting with how the committee would like to spend their time and schedule their projects in 2025.

**Operations Committee:** Cecilia Ligons, Co-Chair, reported on the following:

New Affiliate Member Orientation: Verbal update regarding the committee cross training and the New affiliate member training which included our new Director and Health Planner.

2025 Council Training Schedule: See the attached 2025 Council Training Schedule.

Council Policies: **Motion #3:** *Approve the attached policies and procedures for FY 26 (Policies 600.01-1200.00).* **Motion carried.**

Alternative Policy for Members Speaking at Meetings: **Motion #4:** *Remove the text “with the exception of voting” and approve the revised procedure for members speaking at committee meetings, as required for compliance with the Open Meetings Act, a re-vote must occur.* **Motion carried.** See attached.

Council Confidentiality Statement: **Motion #5:** *Starting in 2025, every Planning Council member is required to sign the confidentiality form.* **Motion carried.**

Proposed Modification of Bylaw 9.04 – Motion failed: At the 3/24 Operations meeting, a member stated a motion to modify language to Bylaw 9.04 while discussing the *follow up on Council Procedure for hearing and approving a motion*. Please note by-law changes need 30-days notice to be voted on. The motion was as follows: Change By-laws section 9.04: Strike “only”, insert at the end “This shall not preclude other items and motions from being debated and considered in regular and special meetings of the council”. Discussion occurred with a vote resulted as follows it moved and seconded (Rivera, Pradia),

*Minority Report:* This motion failed with a vote of 2 for and 3 against with 1 abstention. The committee requested all members were aware of this discussion

**Motion #6:** *it was moved and seconded (Vargas, Boyle) to strike the word “only” from Bylaw 9.04 and insert at the end “This shall not preclude other items and motions from being debated and considered in regular and special meetings of the Council” with the understanding that the item will not be considered until the next scheduled Planning Council meeting.* **Motion carried.**

**Quality Improvement Committee:** Yvonne Arizpe, Co-Chair, reported on the following.

Criteria for determining the FY26 HIV Service categories: **Motion #7:** *Approve the attached Criteria for Determining the FY26 HIV Service categories.* **Motion carried.**

Proposed New Idea: **Motion #8:** *Move the proposed new idea regarding centralized appointment system to the FY26 HTBMN process for further discussion and consideration.* **Motion carried.** See attached.

Checklist for Administrative Mechanism: **Motion #9:** *Approve the attached checklist for the FY24 Assessment of the Administrative Mechanism.* **Motion carried.**

Part A Standards of Care: The standards were sent back to Ryan White Grant Administration with a request to re-format the document to remove Ending the HIV Epidemic (EHE) Standards of Care since the Council has no authority over EHE-funded services and to be translated to Spanish.

Reports from Administrative Agent – Part B/State Services: See the attached reports:

- FY24 Part B Procurement, dated 03-01-25
- FY24 State Services Procurement, dated 03-01-25

**Priority and Allocations Committee:** Jay Bhowmick, Co-Chair, reported on the following:  
No report because historically the committee does not need to meet in March.

**Report from Office of Support:** Richon Ohafia, Director summarized the attached report.

**Report from Ryan White Grant Administration:** Eric James, Assistant Program Manager summarized the attached report.

**Report from The Resource Group:** Sha'Terra Johnson, Health Planner, summarized the attached report.

**Announcements:** Vargas said that the Texas HIV Medication Committee is meeting on April 11<sup>th</sup>, he expects to get updated numbers on the TIAP program. Arizpe has flyers for a new program, she will forward to the Office of Support for distribution.

**Adjournment:** the meeting was adjourned at 1:52 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Richon Ohafia, Director                      Date

\_\_\_\_\_  
Committee Chair                                      Date

## 2025 Steering Committee Voting Record for Meeting Date 04/03/25

C = Chaired the meeting, ja = Just arrived, lm = Left the meeting

Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee,  
PA-Priority and Allocations Committee, QI-Quality Improvement Committee

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Council Policies Carried				Motion #4 Alt Policy for Speaking at Mtgs Carried				Motion #5 Council Confidentiality Statement Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Josh Mica, he/him/él, Chair				C				C				C				C				C
Ryan Rose, Vice Chair		X				X				X				X				X		
Bill Patterson, Secretary		X				X				X				X				X		
Carol Suazo, Aff		X				X				X				X				X		
Steven Vargas, Comp		X				X				X				X				X		
Caleb Brown, Op		X				X				X				X				X		
Jay Bhowmick, PA		X				X				X				X				X		
Yvonne Arizpe, QI		X				X				X				X				X		
<b>Non-voting members at the meeting:</b>																				
Skeet Boyle, Aff																				
Robert Sliepka, Comp																				
Cecilia Ligons, Op																				
Tana Pradia, QI ja 12:18pm																				
<b>Absent members:</b>																				
Peta-gay Ledbetter, PA																				



## 2025 Steering Committee Voting Record for Meeting Date 04/03/25 -- *continued*

C = Chaired the meeting, ja = Just arrived, lm = Left the meeting

Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee,  
PA-Priority and Allocations Committee, QI-Quality Improvement Committee

MEMBERS	Motion #6 Modification of Bylaw 9.04 Carried				Motion #7 FY26 Criteria/ Justification Chart Carried				Motion #8 Proposed New Idea Carried				Motion #9 2025 Checklist for Assessment of Admin Mech Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Josh Mica, he/him/él, Chair				C				C				C				C
Ryan Rose, Vice Chair		X				X				X				X		
Bill Patterson, Secretary		X				X				X				X		
Carol Suazo, Aff		X				X				X				X		
Steven Vargas, Comp		X				X				X				X		
Caleb Brown, Op lm 1:25pm		X				X				X			X			
Jay Bhowmick, PA		X				X				X				X		
Yvonne Arizpe, QI		X				X				X				X		
<b>Non-voting members at the meeting:</b>																
Skeet Boyle, Aff																
Robert Sliepka, Comp																
Cecilia Ligons, Op																
Tana Pradia, QI																
<b>Absent members:</b>																
Peta-gay Ledbetter, PA																

# Priority & Allocations Committee

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	11,169,413	370,766	134,765	-12,085	79,623	-70,501	11,671,981	46.31%	11,671,981	0		\$11,271,029	97%	100%
1.a	Primary Care - Public Clinic (a)	4,109,697	144,599					4,254,296	16.88%	4,254,296	0	3/1/2024	\$4,593,877	108%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,114,019	37,077	45,820		191,854	25,000	1,413,770	5.61%	1,413,770	0	3/1/2024	\$1,398,090	99%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	952,840	33,369	39,082			20,000	1,045,291	4.15%	1,045,291	0	3/1/2024	\$1,634,451	156%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,201,238	40,784	49,863			25,000	1,316,885	5.22%	1,316,885	0	3/1/2024	\$570,019	43%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,151,088	40,784		-12,085	-137,231	-61,960	980,596	3.89%	980,596	0	3/1/2024	\$961,176	98%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,090,531	74,153				-86,541	2,078,143	8.25%	2,078,143	0	3/1/2024	\$1,601,237	77%	100%
1.g	Primary Care - Pediatric (a.1)														
1.h	Vision	500,000				25,000	8,000	533,000	2.11%	533,000	0	3/1/2024	\$512,180	96%	100%
1.x	Primary Care Health Outcome Pilot	50,000	0					50,000	0.20%	50,000	0	3/1/2024	\$0	0%	100%
2	Medical Case Management	2,183,040	0	0	0	-92,938	-92,841	1,997,261	7.92%	1,997,261	0		1,416,067	71%	100%
2.a	Clinical Case Management	531,025	0			16,000		547,025	2.17%	547,025	0	3/1/2024	\$525,634	96%	100%
2.b	Med CM - Public Clinic (a)	301,129	0				-34,341	266,789	1.06%	266,789	0	3/1/2024	\$207,653	78%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.73%	183,663	0	3/1/2024	\$168,742	92%	100%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.73%	183,665	0	3/1/2024	\$89,048	48%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2024	\$42,936	65%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-38,914	-48,500	210,082	0.83%	210,082	0	3/1/2024	\$172,986	82%	100%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2024	\$143,851	176%	100%
2.h	Med CM - Targeted Geriatrics	400,899	0					400,899	1.59%	400,899	0	3/1/2024	\$25,664	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,024	-10,000	6,940	0.03%	6,940	0	3/1/2024	\$0	0%	100%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2024	\$39,553	79%	100%
3	Local Pharmacy Assistance Program	2,067,104	0	33,513	12,085	140,880	285,881	2,539,463	10.08%	2,539,463	0	3/1/2024	\$2,670,007	105%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0				-14,041	353,063	1.40%	353,063	0	3/1/2024	\$353,063	100%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0	33,513	12,085	140,880	50,010	1,936,488	7.68%	1,936,488	0	3/1/2024	\$2,316,944	120%	100%
3.c	TX AIDS Drug Assistance Program (ADAP)	0					249,912	249,912	0.99%	249,912	0	3/1/2024		0%	100%
4	Oral Health	166,404	0	0	0	10,050	11,250	187,704	0.74%	187,704	0	3/1/2024	187,700	100%	100%
4.b	Oral Health - Targeted to Rural	166,404	0			10,050	11,250	187,704	0.74%	187,704	0	3/1/2024	\$187,700	100%	100%
5	Health Insurance (c)	1,583,137		311,204	0	0	0	1,894,341	7.52%	1,894,341	0	3/1/2024	\$1,894,324	100%	100%
7	Medical Nutritional Therapy (supplements)	341,395	0					341,395	1.35%	341,395	0	3/1/2024	\$341,373	100%	100%
8	Substance Abuse Services - Outpatient (c)	25,000	0	0	0	-5,000	0	20,000	0.08%	20,000	0	3/1/2024	\$13,080	65%	100%
10	Emergency Financial Assistance	2,139,136	0	11,722	0	-39,204	-121,526	1,990,128	7.90%	1,990,128	0		\$2,024,217	102%	100%
10.a	EFA - Pharmacy Assistance	2,039,136	0	11,722		-19,204	-111,526	1,920,128	7.62%	1,920,128	0	3/1/2022	\$1,954,217	102%	100%
10.b	EFA - Other	100,000	0			-20,000	-10,000	70,000	0.28%	70,000	0	3/1/2024	\$70,000	100%	100%
12	Non-Medical Case Management	1,267,002	0	0	0	-93,411	-11,454	1,162,137	4.61%	1,162,137	0	3/1/2024	\$1,126,537	97%	100%
12.a	Service Linkage targeted to Youth	110,793	0			-60,000		50,793	0.20%	50,793	0	3/1/2024	\$77,701	153%	100%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-20,000		80,000	0.32%	80,000	0	3/1/2024	\$56,523	71%	100%
12.c	Service Linkage at Public Clinic (a)	370,000	0				-2,654	367,346	1.46%	367,346	0	3/1/2024	\$361,569	98%	100%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-13,411	-8,800	663,998	2.63%	663,998	0	3/1/2024	\$630,744	95%	100%
13	Medical Transportation	424,911	0	0	0	0	0	424,911	1.69%	424,911	0		\$424,376	100%	100%
13.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.00%	252,680	0	3/1/2024	\$223,842	89%	100%
13.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.39%	97,185	0	3/1/2024	\$126,020	130%	100%
13.c	Transportation vouchersing (bus passes & gas cards)	75,046	0					75,046	0.30%	75,046	0	3/1/2024	\$74,514	99%	100%
15	Outreach	320,000	0				-810.2	319,190	1.27%	319,190	0	3/1/2024	\$132,180	41%	100%
FY23_RW_DIR	Total Service Dollars	21,686,542	370,766	491,204	0	0	0	22,548,512	89.46%	22,548,512	0		\$21,500,891	95%	100%
									Unallocated	Unobligated					100%
	Part A Grant Award:	25,204,121	Carryover:	491,204			Total Part A:	25,204,121	1	0					100%
		Original Allocation	Award Reconciliation	July Adjusments (carryover)	August 10% Rule Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	17,535,493	370,766	479,482	0	132,615	133,790	18,518,356	82.13%	15,899,257	81.64%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	4,151,049	0	11,722	0	-132,615	-133,790	4,030,156	17.87%	3,575,130	18.36%	Supplement			0

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Total Service Dollars (does not include Admin and QM)	21,686,542	370,766	491,204	0	0	0	22,548,512		19,474,387		Carry Over	0		0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,133,394	0	0	0	0	0	2,133,394	7.71%						
	Total QM (must be ≤ 5% of total Part A + MAI)	522,214	0	0	0	0	0	522,214	1.89%						
MAI Procurement Report															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Date of Procure- ment	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,068,055	30,356	47,459	0	0	0	2,145,870	87.07%	2,145,870	0		\$2,291,185	107%	100%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,045,669	15,482	24,204	0			1,085,355	44.04%	1,085,355	0	3/1/2024	\$1,208,980	111%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,022,386	14,874	23,255	0			1,060,515	43.03%	1,060,515	0	3/1/2024	\$1,082,205	102%	100%
2	Medical Case Management	314,060	4,536	0	0	0	0	318,596	12.93%	318,596	0		\$149,886	47%	100%
2.c (MAI)	MCM - Targeted to African American	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	\$105,604	66%	100%
2.d (MAI)	MCM - Targeted to Hispanic	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	\$44,282	28%	100%
	Total MAI Service Funds	2,382,115	34,892	47,459	0	0	0	2,464,466	100.00%	2,464,466	0		\$2,441,071	99%	100%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
	Total MAI Funds	2,382,115	34,892	47,459	0	0	0	2,464,466	100.00%	2,464,466	0		\$2,441,071	99%	100%
	MAI Grant Award	2,464,466	Carry Over:	47,459			Total MAI:	2,464,466							100%
	Combined Part A and MAI Orginial Allocation Total	26,724,265							Unallocated	Unobligated					
									0	0		MAI Award	2,464,466		
												Total Part A & MAI Award	27,668,587		
Footnotes:															
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
(c)	Funded under Part B and/or SS														
(e)	10% rule reallocations														

FY 2024 Ryan White Part A and MAI Service Utilization Report  
Date Range: 03/01/2024 - 2/28/2025 23:59:00

RW PART A Service Utilization Report																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non - Hispanic)	White (non -Hispanic)	Other (non - Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+
1	Outpatient/Ambulatory Primary Care (excluding Vision)	9,780	9,290	74%	23%	2%	44%	10%	2%	43%	0%	0%	5%	27%	28%	22%	15%	3%
1.a	Primary Care - Public Clinic (A)	3,113	3,047	69%	30%	1%	43%	7%	2%	48%	0%	0%	3%	17%	25%	27%	22%	5%
1.b	Primary Care - CBO Targeted to AA (A)	2,335	2,660	71%	26%	3%	98%	0%	1%	0%	0%	0%	6%	36%	29%	17%	10%	2%
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	2,384	82%	15%	3%	0%	0%	0%	100%	0%	0%	5%	32%	29%	21%	10%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	746	85%	12%	3%	0%	84%	16%	0%	0%	0%	3%	24%	28%	21%	19%	4%
1.e	Primary Care - CBO Targeted to Rural (A)	752	678	73%	26%	1%	40%	17%	2%	41%	0%	0%	4%	24%	31%	23%	14%	3%
1.f	Primary Care - Women at Public Clinic (A)	872	922	0%	99%	1%	52%	5%	2%	41%	0%	0%	3%	15%	26%	30%	19%	6%
1.g	Primary Care - Pediatric (A)																	
1.h	Vision	2,663	2,468	72%	25%	2%	44%	11%	3%	42%	0%	0%	2%	21%	25%	25%	20%	6%
2	Medical Case Management	5,719	3,702	69%	28%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2.a	Clinical Case Management	967	680	73%	25%	2%	56%	14%	2%	28%	0%	1%	3%	27%	22%	20%	21%	7%
2.b	Med CM - Targeted to Public Clinic (A)	578	466	89%	9%	3%	49%	12%	1%	37%	0%	0%	2%	28%	25%	20%	20%	5%
2.c	Med CM - Targeted to AA (A)	1,479	947	67%	30%	3%	99%	0%	1%	0%	0%	0%	3%	29%	30%	20%	14%	4%
2.d	Med CM - Targeted to H/L (A)	728	519	80%	15%	5%	0%	0%	0%	100%	0%	0%	5%	29%	29%	22%	12%	3%
2.e	Med CM - Targeted to White and/or MSM (A)	460	198	84%	15%	1%	0%	86%	14%	0%	0%	0%	2%	18%	23%	27%	22%	9%
2.f	Med CM - Targeted to Rural (A)	554	563	69%	31%	0%	49%	25%	2%	24%	0%	0%	2%	21%	24%	22%	21%	10%
2.g	Med CM - Targeted to Women at Public Clinic (A)	259	250	1%	98%	1%	64%	7%	1%	27%	0%	0%	1%	28%	30%	22%	15%	4%
2.h	Med CM - Targeted to Geriatrics	532	69	65%	32%	3%	67%	13%	1%	19%	0%	0%	0%	0%	0%	0%	58%	42%
2.i	Med CM - Targeted to Veterans	148																
2.j	Med CM - Targeted to Youth	14	10	70%	10%	20%	70%	0%	0%	30%	0%	20%	80%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (A)	5,781	6,560	75%	21%	3%	41%	11%	2%	46%	0%	0%	4%	27%	28%	23%	15%	3%
4	Oral Health	348	348	67%	32%	1%	40%	26%	2%	32%	0%	0%	2%	17%	26%	29%	18%	9%
4.a	Oral Health - Untargeted (D)	NA	NA															
4.b	Oral Health - Rural Target	348	348	67%	32%	1%	40%	26%	2%	32%	0%	0%	2%	17%	26%	29%	18%	9%
5	Health Insurance (D)	2,034	2,286	78%	20%	2%	46%	21%	2%	30%	0%	0%	2%	15%	22%	20%	27%	15%

6	Mental Health Services (D)	NA	NA															
7	Medical Nutritional Therapy/Nutritional Supplements	515	460	76%	22%	1%	41%	17%	4%	38%	0%	0%	1%	7%	12%	27%	34%	20%
8	Substance Abuse Treatment - Outpatient	19	9	100%	0%	0%	22%	22%	0%	56%	0%	0%	0%	44%	44%	0%	11%	0%
9	Hospice Services	NA	NA															
10	Emergency Financial Assistance	3,218	1,579	75%	23%	2%	44%	9%	2%	45%	0%	1%	5%	24%	28%	24%	16%	3%
10.a	Emergency Financial Assistance-Pharmacy Assistance	3,105	1,467	75%	22%	2%	43%	9%	2%	47%	0%	1%	5%	24%	29%	24%	15%	2%
10.b	Emergency Financial Assistance - Other (MCC only)	113	116	67%	29%	3%	65%	10%	3%	22%	0%	0%	3%	16%	18%	22%	33%	9%
11	Referral for Health Care - Non Core Service (D)	NA	NA															
12	Non-Medical Case Management	8,568	7,199															
12.a	Service Linkage Targeted to Youth	179	172	63%	31%	5%	52%	3%	3%	41%	0%	10%	90%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	132	137	70%	27%	3%	58%	6%	7%	30%	0%	0%	0%	49%	26%	15%	7%	3%
12.c	Service Linkage at Public Clinic Primary Care Program (A)	3,621	3,207	65%	34%	1%	50%	8%	2%	41%	0%	0%	0%	17%	25%	25%	24%	9%
12.d	Service Linkage at CBO Primary Care Programs (A)	4,636	3,683	73%	25%	2%	51%	9%	2%	38%	0%	0%	4%	27%	29%	21%	14%	5%
13	Transportation	2,358	1,535	70%	28%	3%	61%	9%	2%	28%	0%	0%	1%	15%	21%	25%	28%	9%
13.a	Transportation Services - Urban	687	345	67%	31%	2%	54%	8%	4%	33%	0%	0%	1%	21%	26%	24%	18%	10%
13.b	Transportation Services - Rural	195	130	68%	32%	1%	32%	31%	3%	35%	0%	0%	1%	20%	17%	29%	22%	11%
13.c	Transportation vouchersing	1,476	1,199	70%	28%	3%	67%	7%	1%	25%	0%	0%	1%	13%	20%	25%	31%	9%
14	Linguistic Services (D)	NA	NA															
15	Outreach Services	955	563	69%	27%	4%	61%	9%	1%	29%	0%	1%	6%	34%	26%	17%	13%	3%
	Net unduplicated clients served - all categories	15,378	15,059	74%	24%	2%	48%	12%	2%	38%	0%	0%	4%	24%	26%	21%	18%	7%
	Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (B)	NA	30,198	75%	25%	0%	48%	17%	5%	30%	0%		4%	21%	23%	25%	20%	0%

RW MAI Service Utilization Report																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non - Hispanic)	White (non - Hispanic)	Other (non - Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+
	Outpatient/Ambulatory Primary Care (excluding Vision)	3,129																
1.b	Primary Care - MAI CBO Targeted to AA (F)	1,676	2,066	71%	25%	3%	99%	0%	1%	0%	0%	0%	6%	35%	29%	17%	10%	2%
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,453	1,957	83%	14%	3%	0%	0%	0%	100%	0%	0%	5%	34%	29%	20%	10%	2%
2	Medical Case Management (E)	1,535																
2.c	Med CM - MAI Targeted to AA (A)	907	394	69%	27%	4%	99%	0%	1%	0%	0%	1%	4%	38%	28%	13%	12%	3%
2.d	Med CM - MAI Targeted to H/L (A)	628	195	77%	17%	6%	0%	0%	0%	100%	0%	1%	7%	37%	27%	18%	9%	2%

RW Part A New Client Service Utilization Report																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non - Hispanic)	White (non -Hispanic)	Other (non - Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+
1	Primary Medical Care	1,929	2,098	76%	22%	3%	49%	11%	3%	38%	0%	1%	9%	35%	27%	16%	10%	2%
2	LPAP	969	1,068	78%	18%	4%	44%	11%	3%	42%	0%	1%	8%	33%	26%	18%	11%	2%
3.a	Clinical Case Management	110	55	84%	15%	2%	56%	13%	5%	25%	0%	2%	4%	33%	24%	18%	15%	5%
3.b-3.h	Medical Case Management (E)	1,050	688	70%	27%	2%	56%	13%	2%	28%	0%	1%	5%	31%	26%	20%	14%	4%
3.i	Medical Case Manangement - Targeted to Veterans	28																
4	Oral Health	49	34	74%	26%	0%	47%	21%	3%	29%	0%	0%	3%	21%	21%	26%	24%	6%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,981	1,396	68%	30%	2%	56%	9%	2%	32%	0%	1%	6%	26%	24%	20%	17%	6%
12.b	Service Linkage at Testing Sites	100	136	71%	25%	4%	57%	4%	7%	32%	0%	4%	15%	40%	21%	11%	7%	3%

FOOTNOTES  
(A) Bundled Category  
(B) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.  
(D) Funded by Part B and/or State Services  
(E) Total MCM served does not include Clinical Case Management  
(F) CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2425 Ryan White Part B**  
**Procurement Report**  
**April 1, 2024 - March 31, 2025**



Reflects spending through February 2025

Spending Target: 91.7%

Revised

3/31/25

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General (2)	\$2,101,048	59%		\$2,101,048		\$2,101,048	4/1/2024	\$1,424,475	68%
4	Oral Health Service -Prosthodontics	\$631,145	18%		\$631,145		\$631,145	4/1/2024	\$585,593	93%
5	Health Insurance Premiums and Cost Sharing (1)	\$805,845	23%		\$805,845		\$805,845	4/1/2024	\$773,159	96%
					\$0		\$0			
		\$0	0%		\$0					
<b>Total Houston HSDA</b>		3,538,038	100%	0	3,538,038	\$0	\$3,538,038		2,783,228	79%

Note: Spending variances of 10% of target will be addressed:

- (1) HIA costs have increased per client
- (2) Delay in billing submissions



**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2425 DSHS State Services**  
**Procurement Report**  
**September 1, 2024 - August 31, 2025**



Chart reflects spending through February 2025

Spending Target: 50.00%

Revised 3/31/2025

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$1,114,689	38%	\$0	\$1,114,689	\$0	\$1,114,689	9/1/2024	\$1,107,815.40	99%
6	Mental Health Services (2)	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2024	\$59,451.59	20%
11	Hospice	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2024	\$157,300.00	54%
13	Non Medical Case Management (4)	\$275,000	9%	\$0	\$275,000	\$0	\$275,000	9/1/2024	\$67,334.57	24%
16	Linguistic Services (5)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2024	\$150.00	0%
	ADAP/Referral for Healthcare (3)	\$525,000	18%	\$0	\$525,000	\$0	\$525,000	9/1/2024	\$81,229.42	15%
	Food Bank (7)	\$6,120	0.2%	\$0	\$6,120	\$0	\$6,120	9/1/2024	\$1,627.00	27%
	Medical Transportation (6)	\$83,880	3%	\$0	\$83,880	\$0	\$83,880	9/1/2024	\$36,796.55	44%
	Emergency Financial Assistance (Compassionate Care) (8)	\$279,052	9%	\$0	\$279,052	\$0	\$279,052	9/1/2024	\$92,087.74	33%
		<b>2,945,573</b>	<b>100%</b>	<b>\$0</b>	<b>\$2,945,573</b>	<b>\$0</b>	<b>\$2,945,573</b>		<b>1,603,792.27</b>	<b>54%</b>

Note: Spending variances of 10% of target will be addressed:

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Mental Health- due to RFP, services have been slow to start (2 new providers)
- (3) ADAP/Referral for Healthcare Services is under spent due to payroll process delays and vacant positions.
- (4) Reduced spending due to staff vacancy
- (5) Change in access points has reduced utilization
- (6) Delays in submitting Medical Transportation expenses
- (7) Services are under utilized
- (8) Services are under utilized

\* Disbursements are the actual costs (vs. unit costs).  
Ex: medication, diagnostic procedures, food, utilities.

Request for Service Category Increase  
Ryan White Part A and MAI

Updated 4/8/2025

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)					Control No.	
D.	Request for Increase under (check one):	Part A:	or	MAI:			
	Request Period (check one):	April:	August:	Oct:			
E.	Amount of additional funding Requested:						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in <u>current</u> contract:	b. Cost/unit	c. Number of <u>additional</u> units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. <b>Disbursements*</b> (list current <b>amount</b> in column a. and <b>requested</b> amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):						
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. <b>De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.</b>	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2017.* (March 1, 2017 - February 28, 2018) *If agency was funded for service under Part A (or MAI) in FY 2017 - if not, mark these cells as "NA"						
	2. Number of clients that have received this service <u>under Part A</u> (or MAI) in FY 2018. a. April Request Period = Not Applicable b. August Request Period = 03/01/18 - 06/30/18 c. October Request Period = 03/01/18 - 09/30/18 d. 4th Qtr. Request Period = 03/01/18 - 11/30/18						

*\* Disbursements are the actual costs (vs. unit costs).  
Ex: medication, diagnostic procedures, food, utilities.*

Request for Service Category Increase  
Ryan White Part A and MAI

Updated 4/8/2025

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do <b>not</b> include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a <b>new</b> client:				
	2. Length of waiting time (in weeks) for an appointment for a <b>current</b> client:				
	3. Number of clients on a "waiting list" for services (per Part A SOC):				
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):				
J.	List all other sources and amounts of funding for <b>similar</b> services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: <a href="mailto:carin.martin@phs.hctx.net">carin.martin@phs.hctx.net</a> Form updatd 2/12/18				

# Operations Committee

**BYLAWS of the  
HOUSTON AREA HIV HEALTH SERVICES  
RYAN WHITE PLANNING COUNCIL  
Revised October 14, 2021**

***ARTICLE I***

**Establishment, Definitions and Purposes**

Section 1.01. Establishment. The Ryan White Comprehensive AIDS Resources Emergency Act of 1990, 42 USC §300ff et. seq. (West 1991 & Supp. 1997), ), later revised as the Ryan White HIV/AIDS Treatment Extension Act of 2009, requires the establishment of an HIV health services planning council by the chief elected official of the eligible area involved, as defined in §300ff 12(a)(1) of the Act. The County Judge (as hereinafter defined) has established the Ryan White Comprehensive AIDS Resources Emergency Act HIV Health Services Planning Council in conformity to Section §300ff 12(a)(1) of the Act. The Council, as established by the County Judge, is not incorporated under the Laws of the State of Texas or any other jurisdiction.

Section 1.02. Definitions. The following definitions shall have the ascribed meaning when used herein, except to the extent the context hereof clearly requires and indicates otherwise:

“Acquired Immune Deficiency Syndrome” (AIDS) is defined by the current criteria established by the Centers for Disease Control (CDC).

“Act” is defined as the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, 42 USC §300ff et.seq.(West 1991 & Supp. 1997), later revised as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

“AIDS” is defined as Acquired Immune Deficiency Syndrome.

“Ryan White Grant Administration” is defined as the section of Harris County Public Health that administers grant funds allocated to the “Eligible Metropolitan Area” under the Act.

“Council” is defined as the Ryan White HIV Health Services Planning Council established by the County Judge.

“County Judge” is defined as the chief elected official of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals living with HIV, as defined in §300ff 12(a)(1) of the Act and herein refers to the duly elected County Judge of Harris County, Texas.

“Eligible Metropolitan Area” is defined as the Houston/Harris County Area which area has been determined by the Centers for Disease Control to consist of Harris County, Waller County, Fort Bend County, Montgomery County, Chambers County and Liberty County.

“Emergency” is defined as an unforeseen combination of circumstances or the resulting state that

calls for immediate action.

“HIV” is defined as the Human Immunodeficiency Virus.

“HIV Infection” is defined as the presence of HIV in the bloodstream as confirmed by the diagnostic tests prescribed by the Centers for Disease Control.

“HRSA” is defined as the Health Resources Services Administration of the Public Health Service of the United States Department of Health and Human Services.

“HSDA” is defined as the Texas Department of Health Services Delivery Area.

“RFPs” is defined as Request for Proposals.

Section 1.03. Purposes. The purposes for which the Council is established are:

- (1) To conduct needs assessment activities;
- (2) To develop a comprehensive plan for the organization and delivery of health services described in §300ff 14 of the Act that is compatible with any existing State of Texas or local plan regarding the provision of health services to individuals living with HIV;
- (3) To establish priorities for the allocation of funds within the Eligible Metropolitan Area;
- (4) To allocate funds within the Eligible Metropolitan Area;
- (5) To assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the Eligible Metropolitan Area.

## *ARTICLE II*

### **Appointment of Council, Composition of Council, Term and Compensation**

Section 2.01. Appointment of Council. All members of the Council shall be appointed by the County Judge. Vacancies occurring on the Council shall be filled by appointment of the County Judge and serve at the pleasure of the County Judge. All candidates are subject to the established Nominations Screening process, with the exception of persons representing HRSA required governmental bodies, including the State Medicaid Agency, HOPWA and others.

Section 2.02. Composition of Council. The Planning Council will be made up of individuals as specified in Sec.2602(2) PLANNING COUNCIL REPRESENTATION as stated in the most current Ryan White Program, and will be reflective of the local HIV/AIDS epidemic. The Planning Council may also request other positions/representation in order to maintain diversity within the EMA reflecting the pandemic and/or needed expertise within the EMA subject to the approval of the County Judge. These positions are subject to the Nominations Screening Process.

Section 2.03. Term. Each Council position is for a term of two (2) years. The terms of one-half the Council positions shall terminate in even-numbered years and the other half of the positions shall terminate in odd-numbered years. A term shall begin on January 1 and shall terminate on December 31 of the second year following. Council members appointed to vacancies shall complete the unexpired term of office.

Section 2.04. Term Limits. The County Judge shall appoint Council members to no more than three two-year terms. All members serve at the pleasure of the County Judge through an open nominations process.

Section 2.05. Compensation/Reimbursement. Persons serving as members of the Council shall not receive any salary or other compensation for their services as a member of the Council. All Council members may be reimbursed allowable expenses as approved by Harris County Public Health, the Ryan White Planning Council, and the CEO.

### *ARTICLE III*

#### Duties of the Council

Section 3.01. Duties. The duties of the Council are to see to the establishment and implementation of the purposes of the Council as set out in Section 1.03 of these Bylaws and those duties which are prescribed by the provisions of the Act as within the purview of the Council.

Section 3.02. Orientation. All new members shall be required to attend mandatory orientation within 6 months.

### *ARTICLE IV*

#### Committees

Section 4.01. Steering Committee. The Steering Committee shall be composed of the following persons: Chair of the Council, Vice Chair of the Council, Secretary of the Council, and the Chair, or Co-Chairs, of each Standing Committee. Actions of the Steering Committee are subject to ratification by the Council. The Steering Committee is responsible for the following:

- (1) setting agendas for the Ryan White Planning Council;
- (2) making recommendations to the Ryan White Planning Council;
- (3) providing leadership;
- (4) previewing reports from the Standing Committees;
- (5) and functioning in “emergency” situations as they arise.

Section 4.02. Standing Committees. There shall be six Standing Committees. Each member of the Council except the Planning Council Chair is required to serve on at least one of the following standing committees.

- 1) Affected Community
- 2) Operations

- 3) Comprehensive HIV Planning
- 4) Priority and Allocations
- 5) Quality Improvement
- 6) Steering

Section 4.03. Ad hoc groups, work groups, subcommittees. The Chair of the Council or the Council may, from time to time, establish such other ad hoc groups as may be expedient or necessary to carry out the duties and responsibilities of the Council. The scope and responsibilities of such ad hoc groups shall be delineated at the time such groups may be established.

## *ARTICLE V*

Officers, Election of Officers, Election of Committee Chairs  
Duties of Officers and Duties of Service Committee Chairs

Section 5.01. Officers. The officers of the Council shall be a Chair, a Vice Chair and a Secretary. Officers cannot serve as Standing Committee Chairs. Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board Members and or employees/ subcontractors of the Grantee shall not be eligible to run for office of Chair of the Ryan White Planning Council. A parliamentarian may be appointed at the pleasure of the Chair. Subsequent to election, if the Chair becomes a contractor, they shall be removed and a new election held to elect a new Chair.

Section 5.02. Election of Officers. The officers shall be elected by the majority vote of the members of the Council at the December meeting, which shall be termed the Organizational Meeting. (Per letter from Judge Eckels dated 12-13-00: "As in any political election, the number of candidates is not regulated. Following the first vote in the race, if one candidate has not received the majority, a run-off election is held between the two candidates receiving the most votes. The Council may accept nominations for the slate of officers that exceeds two candidates and may receive nominations from the floor regardless of the number of candidates already nominated.") One of the three officers must be a self-identified person living with HIV. Officers elected at the Organizational Meeting of the Council shall serve from the date of election to the next annual Organizational Meeting. If a vacancy occurs in any office, the Council shall elect a replacement to serve the remainder of the term.

Section 5.03. Appointment of Committee Chairs. Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be members of the Planning Council for at least one year. If committee leadership is not available from among Planning Council members with at least one year's service, the Chair may seek leadership among remaining Planning Council members.



Section 5.04. Duties of Officers. The officers of the duly appointed Council shall have the responsibility for the performance of the following duties:

Chair: The Chair of the Council shall serve as the Chief Executive Officer of the Council and shall preside at all meetings of the Council and the Steering Committee. The Chair is the only official spokesperson for the Council and will be responsible for interfacing with the public and with the media. As the only authorized spokesperson, the Chair will have a business card that includes their name. They will also be responsible for correspondence to members regarding attendance and participation issues. The Chair shall perform such other duties as are normally performed by a chair of an organization or such other duties as the Council may prescribe from time to time. The Chair of the Council is an ex-officio member of all committees (standing, subcommittee, and work groups). Ex-officio means that they are welcome to attend and is allowed to be a part of committee discussion. They are not allowed to vote. In the absence of the Chair of the Council, the next officer will assume the ex-officio role with committees.

Vice Chair: The Vice Chair of the Council shall preside at meetings of the Council and Steering Committee in the absence of the Chair. The Vice Chair shall perform such other duties as the Chair may designate or the Council shall prescribe from time to time.

Secretary: Per Texas law, the Secretary may not chair a meeting. The position of Secretary shall include the following duties:

- 1) The Secretary will ensure that minutes are taken, approved, and filed as mandated by the Ryan White Program.
- 2) The Secretary will be responsible for keeping an up-to-date roll of Planning Council members.
- 3) When a roll call vote is taken, the Secretary will call the roll call vote, note the vote and announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest, the Secretary will process inquiries into votes made in conflict of interest.
- 4) The Secretary will keep a copy of the Planning Council Bylaws and other relevant Policies and Procedures at the Planning Council meetings, and will provide the Council with clarification from the Bylaws and Policies & Procedures, as requested.
- 5) The Secretary will keep a record of all committees of the Planning Council. When (if) new committees are established, the Secretary will assure or cause to be assured the actual formation and implementation of the new committees.
- 6) The Secretary will be responsible for notification of specially called Planning Council meetings, corresponding to the members as required by the Bylaws.

Standing Committee Chairs/Co-Chairs: The Standing Committee Chairs, or one of the Standing Committee Co-Chairs, shall preside at all meetings of their respective committees. The Committee Vice Chair shall preside at all committee meetings in the absence of the Chair, or both of the Co-chairs. If none is present, committee members shall use consensus to select another committee member to chair that particular meeting. The Committee Chairs/Co-chairs are responsible for the execution of the duties prescribed herein for the Committees and for such other duties as may be prescribed by the Chair of the Council or the Council from time to time. The Committee Chairs/Co-chairs are responsible for the recording of or cause to be recorded all deliberations

undertaken by each respective Committee. Copies of all approved minutes are available in the Office of Support for the Ryan White Planning Council.

## *ARTICLE VI*

### Quorum, Voting, Proxies and Attendance

Section 6.01. Quorum. Thirty percent of the members satisfy in-person requirements at Council meetings.

At least two (2) committee members and a Chair must be present; one of these must be a self-identified member living with HIV, to constitute a Standing Committee quorum.

Section 6.02. Voting. Each member of the Council shall be entitled to one vote on any regular business matter coming before the Council. A simple majority of members present and voting is required to pass any matter coming before the Council except for that of proposed Bylaw changes, which shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council shall not vote except in the event of a tie. **The Chairs** of the Standing Committees shall not vote at Committee meetings except in the event of a tie.

Section 6.03. Proxies. There shall be no proxy voting.

### Section 6.04. Council Attendance.

Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan White) Planning Council. Any Council member with four (4) absences from Council meetings within a calendar year or who fails to perform the duties of a Council member described herein without just cause, is subject to removal by the CEO. The Secretary shall cause attendance records to be maintained and shall regularly provide such records to the Chair.

### Standing Committee Attendance:

Committee members are required to attend regularly scheduled committee meetings. Four (4) absences from committee meetings in a calendar year may be grounds for reassignment or termination of committee membership. The Council Chair will be responsible for determining reassignment or termination of committee membership. Reasons for absences that would be used for determining reassignment or termination include: 1) sickness; 2) work related conflicts (in or out of town and vacations); and 3) unforeseeable circumstances. The Chair of the Operations Committee will notify the Planning Council Chair if a member is absent for four (4) committee meetings and, if warranted, the Planning Council Chair will formally notify the member in writing of removal from committee membership. The member will be given an opportunity to request assignment to another committee. If the member continues to fail to meet committee requirements, it is the sole responsibility of the County Judge to determine if the member will be discharged from membership on the Planning Council.

Any Planning Council member who is unable to attend a Planning Council meeting or standing committee meeting of the committee must notify the Office of Support prior to such meeting. The Office of Support staff will document why a member is absent. The Operations Committee will review attendance records quarterly.

## *ARTICLE VII*

### Administration of Funds, Information Regarding Funding and Council Oversight of Funding

Section 7.01. Administration of Funds. The County Judge shall designate the lead agency which will be charged with the administration and distribution of any funds granted to the Eligible Area under the Act. The Council shall report to the County Judge its findings and recommendations regarding the prioritization and allocation of funds granted under the Act, together with its recommendations as to the use of any such funds in accordance with the provisions of the Act.

Section 7.02. Information Regarding Funding. Ryan White Grant Administration will be responsible for the collection and dissemination of monthly reports to the Council on the administration of the funds granted to the Eligible Metropolitan Area under the Act.

Section 7.03. Council Oversight of Funding. The Council is responsible for an annual assessment of the administrative mechanism and distribution of the funds granted to the Eligible Metropolitan Area under the Act by the lead agency designated by the County Judge. The Council shall perform such other oversight duties as may be required by the Act or any regulation promulgated there under.

## *ARTICLE VIII*

### Conflicts of Interest

Section 8.01. Conflict of Interests. A conflict of interest (COI) occurs: 1) when an appointed or voting member of the planning council has a direct or indirect fiduciary or other personal or professional interest in a council decision or the outcome of a vote, 2) when a member uses their position for purposes that are motivated by pursuit of private gain for themselves or their families, friends, or business associates. COI is defined to include interests that existed within 12 months preceding the date when the conflict ended. The mere perception of COI is a significant concern.

The Council, acknowledging that perception is as important as reality, has elected to voluntarily adopt the following code of conduct regarding conflict of interest to be followed during all deliberations and decisions.

- 1) In order to make members aware of any potential positive bias, Council members agree to disclose their associations with any organization seeking to do business with the Ryan White Part A or B Administrative Agencies for which they or their spouse or domestic partner, during the past twelve months:
  - a) own, have ownership interest, or have been employed;
  - b) are or have been a Board member;
  - c) are or have been a consultant; or
  - d) are or have been involved in a contractual relationship.
- 3) In order to make other members aware of any potential negative bias, Council members agree to disclose their associations with any organization seeking to do business with

the Ryan White Part A or B Administrative Agencies with which they or their spouse or domestic partner, during the past twelve months are or were involved in mediation, arbitration or litigation over any employment, contract, service delivery or other matter.

- 4) Council members agree to abstain from voting on any decision related to any organization for which they or their spouses or domestic partner have association as specified in number 1, above.
- 4) Council members will not serve on Grantee proposal review panels.

Section 8.02. Disclosure of Conflicts of Interests. Council members who have COI must declare that conflict before the discussion of a motion. This will be recorded in the official minutes. All council members must submit signed affidavits disclosing any COI when joining the Council, and at least annually, and/or more often as needed, thereafter. Members who are closely affiliated with an applicant are excluded from the prioritization process.

## *ARTICLE IX*

### *Regular Meetings, Special Meetings, Notice and Business to be Considered*

Section 9.01. Regular Meetings. Regular Meetings of the Council shall be held no less than quarterly at such times and places as shall be designated by the Council. Written Notice of Regular Meetings shall be given by email no less than five (5) calendar days prior to such Regular Meeting.

Section 9.02. Special Meetings. Special Meetings of the Council shall be held at such times and places as shall be designated by the Chair of the Council or upon the written request of one-half (1/2) of the members of the Council. Notice of Special Meetings shall be given by telephone or email no less than three **(3) working** days prior to such Special Meeting.

Section 9.03. Notice. It shall be the duty of the Secretary to give or cause to be given such notice to each member of the Council. Notice of Regular Meetings shall be given in writing. Notice of Special Meetings may be given telephonically, by email or by fax. Notice of Council meetings shall be posted in accordance with the Open Meeting Act, TEX. GOV'T CODE ANN. §§ 551.001-551.146, as amended.

### **4-03-24 Steering Motion Carried to modify 9.04**

Section 9.04. Business to be Considered. Any business coming before the Council shall be considered at a duly constituted and noticed Regular Meeting or Special Meeting. Items approved by the Steering Committee for presentation to the Council and posted on the agenda may be voted on. This shall not preclude other items and motions from being debated and considered in regular and special meetings of the council with the understanding that any items brought up must be placed on the agenda and scheduled for a vote at the next council meeting.

Section 9.05. Public Comment. There is an opportunity for public comment at all meetings. Persons wishing to speak must follow the Policies and Procedures for Public Comment.

## *ARTICLE X*

### Grievance

Section 10.01. Grievance. There is a Ryan White Planning Council grievance process and the Grievance Policies & Procedures must be followed.

## *ARTICLE XI*

### Amendments, Governing Procedure, Compliance and Invalidity of Provisions

Section 11.01. Amendments. These Bylaws may be amended from time to time by a vote of two-thirds (2/3) of the entire membership of the Council. Proposed amendments shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting.

Section 11.02. Governing Procedure. The meetings of the Council shall be conducted in accordance with Roberts Rules of Order; revised except to the extent the provisions of Roberts Rules of Order conflict with the Bylaws of the Ryan White Planning Council in which event the Bylaws shall prevail.

Section 11.03 Compliance. The Council shall at all times comply with the duties and responsibilities set out in the Act and shall perform all of its deliberations in accordance therewith.

Section 11.04. Invalidity of Provisions. In the event any provision hereof conflicts with the provisions of the Act or other applicable law, such provision shall be deemed stricken and the remainder of these Bylaws shall be in full force and effect without regard to such invalid provision.

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL 15, 1998

REV NOVEMBER 14, 2019

POLICY No. 500.01

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## ELECTION OF OFFICERS, ELECTION OF COMMITTEE CHAIRS, DUTIES OF OFFICERS & CHAIRS

### **PURPOSE**

This policy establishes the guidelines by which the officers of the Houston Area HIV Health Services Ryan White Planning Council will be elected. In addition, this outlines and defines the duties of RWPC Officers and duties of the Chairs of each of the Standing Committees. (See RWPC Policy No.400.01)

### **AUTHORITY**

Bylaws (01/18) Article V, Sec5.01 - Sec5.06 ensures that the nomination and selection of officers and committee chairs will be in accordance with those principles.

### **DEFINITIONS**

Ryan White Planning Council Officers refers to the positions of Chair, Vice Chair, and Secretary.

### **PROCESS**

Nominations for officers may be submitted to the Planning Council Support Staff up until the end of the November Steering Committee meeting. After this time, nominations are added from the floor the day of the election. Nominations for officers will be announced at least one month prior to the December Houston Area HIV Health Ryan White Planning Council meeting. Any member may submit a nomination for themselves or another member for a specific office. Before the December Steering Committee meeting, each candidate must submit to the Office of Support a brief written description of their qualifications for the office they are seeking and prepare a short presentation describing their qualifications.

The annual election will be held at the December RWPC meeting. Before the election takes place, members will be reminded that any member can ask for a call vote if that is their preference. If paper ballots are used, voters must print their name on their ballot before submitting. If voter does not print their name on the ballot, the ballot will be disqualified and not included in the election results. Paper ballots are to be stored in a fire proof safe in the Office of Support for twelve months after the election so that they can be accessed by anyone who wishes to review them. During the election, the Operations Committee will announce the slate of nominees, which will include but not be limited to, each candidate verbally expressing their interest in and qualifications for the office they are seeking. Typically, election to office will be by written ballot unless there is only one candidate running for a specific office. A simple majority vote will be required for election. (Per letter from Judge Eckels dated 12-13-00: "As in any political election, the number of

39 candidates is not regulated. Following the first vote in the race, if one candidate has not received  
40 the majority, a run-off election is held between the two candidates receiving the most votes. The  
41 Council may accept nominations for the slate of officers that exceeds two candidates and may  
42 receive nominations from the floor regardless of the number of candidates already nominated.”)  
43 Each member of the Council shall be entitled to one vote on any regular business matter coming  
44 before the Council. A simple majority of members present and voting is required to pass any  
45 matter coming before the Council except for that of proposed Bylaw changes, which shall be  
46 submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting  
47 and will require a two-thirds (2/3) majority for passage. The Chair of the Council shall not vote  
48 except in the event of a tie. The election of the officers will be done one at a time in the following  
49 order: Chair, Vice-Chair, and Secretary.

#### 51 **QUALIFICATIONS FOR RWPC OFFICERS:**

52 Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board  
53 Members and or employees/subcontractors of the Grantee(s) shall not be eligible to run for office  
54 of Chair of the Ryan White Planning Council. Except as otherwise required by the Ryan White  
55 Program, staff representing the Office of Support and Part A and B administrative agencies cannot  
56 serve as members of the Ryan White Planning Council. Staff representing these entities is  
57 requested to attend Council, committee and other meetings when work products are being  
58 developed and approved.

60 Candidates will have served as an appointed member of the RWPC for the preceding twelve (12)  
61 months and, if needed, have been reappointed by the CEO. If subsequent to the election, the Chair  
62 of the RWPC becomes a provider/employee of a subcontractor/Board member of a  
63 subcontractor/of the Grantee, they shall be immediately removed from office. A new election will  
64 be held to fill any open positions. In the event of a mid-year election, once an officer has vacated  
65 a position, a call to accept nominations will be announced at the Steering Committee meeting  
66 immediately following the resignation. Nominations for the vacated position may be submitted to  
67 the Planning Council Support Staff up until the end of the following Steering Committee meeting  
68 (approximately 30 days after the call for nominations). At this time, Office of Support staff will  
69 distribute the slate of nominees to all members of the Planning Council. After the close of the  
70 Steering Committee meeting, nominations can only be added from the floor the day of the election,  
71 which will take place at the Council meeting approximately seven days after the slate of nominees  
72 is closed at the Steering Committee meeting. At all times, any one of the three officers must be a  
73 self-identified person living with HIV.

#### 75 **ATTENDANCE REQUIREMENTS FOR RWPC OFFICERS:**

76 If an officer of the Ryan White Planning Council misses three, unexcused consecutive meetings  
77 of the Steering Committee and Planning Council, they must step down as an officer and an election  
78 will be held to fill the position. (Example: an officer must step down if they do not contact the  
79 Office of Support and request an excused absence and if they miss the October Steering  
80 Committee, October Planning Council and the November Steering Committee meetings.) Staff is  
81 asked to remind nominees for officer positions of this new requirement. And, when presenting  
82 their qualifications to the Council before an election, nominees must state that, to the best of their  
83 knowledge, they will not have difficulty meeting this additional attendance requirement.

85 **DUTIES OF OFFICERS:**

86 The officers of the RWPC will be responsible for the following:

87 **Chair:** Chief Executive Officer of the Council; preside at all meetings of the Council;  
88 appoint Standing Committee Chairs; represent (or designate a representative to  
89 serve) on behalf of the Council at meetings, conferences, etc. where “Council  
90 representation” is requested. Chair assigns committee participation of Council  
91 members, and performs such other duties as are normally performed by a chair  
92 of an organization or such other duties as the Council may prescribe from time  
93 to time. The Chair will be responsible for correspondence to members regarding  
94 attendance and participation issues. The Chair will also sign and date the final  
95 version of the minutes as indication of PC approval. The Chair of the Council  
96 is an ex-officio member of all committees (standing, subcommittee, and work  
97 groups). Ex-officio means that they are welcome to attend and is allowed to be  
98 a part of committee discussion. They are not allowed to vote. In the absence  
99 of the Chair of the Council, the next officer will assume the ex-officio role with  
100 committees.

101  
102 **Vice Chair:** Preside at meetings of the Council in the absence of the Chair. Perform such  
103 other duties as the Chair may designate or the Council shall prescribe from time  
104 to time. Performs the above duties in the absence of the Chair.

105  
106 **Secretary:** The position of Secretary will oversee the following tasks:  
107 1. The Secretary will ensure that minutes are taken, approved, and filed as  
108 mandated by the Ryan White Program.  
109 2. Keep an up-to-date roll of PC members. The PC Operations Committee  
110 (RWPC Policy 400.01) will file membership management reports with the  
111 Secretary for presentation to the PC.  
112 3. Call the roll call vote, noting voting and will announce the results of the roll  
113 call vote. The Secretary will monitor voting for possible conflicts of interest  
114 (COI), the Secretary will process inquiries into votes made in COI.  
115 4. Keep a copy of the RWPC Bylaws and other relevant Policies and  
116 Procedures at the PC meetings, and will provide the Council with  
117 clarification from the Bylaws and Policies & Procedures, as requested.  
118 5. Keep a record of all committees of the PC. When (if) new committees are  
119 established, the Secretary will assure or cause to be assured the actual  
120 formation and implementation of the new committees.  
121 6. Be responsible for notification of specially called PC meeting,  
122 corresponding to the members as required by the Bylaws.

123  
124  
125 **COMMITTEE CHAIRS:**

126 Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be  
127 members of the PC for at least one year. If committee leadership is not available from among PC  
128 members with at least one year’s service, the Chair may seek leadership among remaining PC  
129 members. The Standing Committee Chairs will preside at all meetings of their respective  
130 committees. The Committee Vice Chair shall preside at all committee meetings in the absence of



131 the Chair. If neither are present, committee members shall use consensus to select another  
132 committee member to chair that particular meeting. The Committee Chairs are responsible for the  
133 execution of the duties prescribed herein (see RWPC Policy 400.01) for the Committees and for  
134 such other duties as may be prescribed by the Chair of the Council or the Council from time to  
135 time. The Committee Chairs are responsible for the recording of or cause to be recorded all  
136 deliberations undertaken by each respective Committee. Copies of all approved minutes are  
137 available from the Office of Support (832-927-7926). Minutes from full Council meetings are  
138 available on the PC website ([rwpcHouston.org](http://rwpcHouston.org)) once the draft copy has been approved by the Chair  
139 of the Council.